

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/718381

FILING DATE

11-24-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1											
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TOTAL IND.	1												
TOTAL DEP.	17												
TOTAL CLAIMS	18												
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TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS